

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 862.C1823

First Named Inventor or Application Identifier

HIROTAKA SHIIYAMA

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- | | | |
|---|---|--|
| 1. <input type="checkbox"/> Fee Transmittal Form
<i>(Submit an original, and a duplicate for fee processing)</i> | 6. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>) | |
| 2. <input checked="" type="checkbox"/> Specification | Total Pages <input type="text" value="70"/> | 7. Nucleotide and/or Amino Acid Sequence Submission
<i>(if applicable, all necessary)</i> |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) | Total Sheets <input type="text" value="18"/> | a. <input type="checkbox"/> Computer Readable Copy |
| 4. <input checked="" type="checkbox"/> Oath or Declaration | Total Pages <input type="text" value="1"/> | b. <input type="checkbox"/> Paper Copy (identical to computer copy) |
| | | c. <input type="checkbox"/> Statement verifying identity of above copies |

ACCOMPANYING APPLICATION PARTS

8. Assignment Papers (cover sheet & document(s))

9. 37 CFR 3.73(b) Statement
(when there is an assignee) Power of Attorney

10. English Translation Document *(if applicable)*

11. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations

12. Preliminary Amendment

13. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized).

14. Small Entity Statement(s) Statement filed in prior application
Status still proper and desired

15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. Other: _____

17. if a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation Divisional Continuation-in-part (CIP) of prior application No. ____ /

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	05514 (Insert Customer No. or Attach bar code label here)	<input type="checkbox"/> or <input type="checkbox"/> Correspondence address below
NAME		
Address		
City	State	Zip Code
Country	Telephone	Fax

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	115-20 =	95	X \$ 18.00 =	\$1,710.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	9-3 =	6	X \$ 78.00 =	\$ 468.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$260.00 =	\$ 0.00
				BASIC FEE (37 CFR 1.16(a))	\$ 690.00
				Total of above Calculations =	\$2,868.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
				TOTAL =	\$2,868.00

19. Small entity status

- a. A Small entity statement is enclosed
- b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. Is no longer claimed.

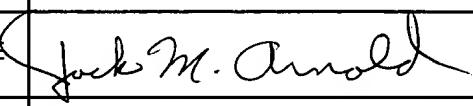
20. A check in the amount of \$2,868.00 to cover the filing fee is enclosed.

21. A check in the amount of \$ _____ to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. Fees required under 37 CFR 1.16.
- b. Fees required under 37 CFR 1.17.
- c. Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Jack M. Arnold (Reg. No. 25,823)
SIGNATURE	
DATE	February 11, 2000